

# VIRGINIA PREVENTION EVALUATION SYSTEM

## ❖ Risk Assessment Form – Table I ❖

### PEMS-Compliant Version 2.0

#### Intervention Code & Name:

Participant Identifier: \_\_\_\_\_

PEMS ID \_\_\_\_\_  
(will be generated by PEMS)

**I01.** Please indicate the Behavioral Recall Period for this intervention. (*Indicate the number of days used in the following questions*)

☐ 15 days      ☐ 30 days      ☐ 90 days      ☐ Local Period (specify \_\_\_\_\_)

#### CLIENT RISK FACTORS:

**I02.** Select all of the activities that the client has been involved in within the recall period specified above.

Please check all that apply:

- ☐ Injection Drug Use
- ☐ Sex with a transgender
- ☐ Sex with a female
- ☐ Sex with a male
- ☐ No risk identified
- ☐ Did not ask
- ☐ Client refuses to answer
- ☐ Other (specify): \_\_\_\_\_

**For the remaining questions, please ask for the number during the Behavioral Recall Period noted above.**

<b>Question</b>	<b>Number (times/partners)</b>	<b>Refused to answer</b>	<b>Don't Know</b>
<b>I03.</b> Total number of anal/vaginal sex <u>partners</u> the client has had		<input type="checkbox"/>	<input type="checkbox"/>
<b>I04.</b> Total number of sex <u>partners</u> with serodiscordant or HIV status unknown.		<input type="checkbox"/>	<input type="checkbox"/>
<b>I05.</b> Total number of sex <u>partners</u> with HIV status unknown that were Anonymous.		<input type="checkbox"/>	<input type="checkbox"/>
<b>I06.</b> Total number of <u>times</u> the client had anal/vaginal sex.		<input type="checkbox"/>	<input type="checkbox"/>
<b>I07.</b> Total number of <u>times</u> had sex with serodiscordant or HIV status unknown partners.		<input type="checkbox"/>	<input type="checkbox"/>
<b>I08.</b> Total number of unprotected sex events.		<input type="checkbox"/>	<input type="checkbox"/>
<b>I09.</b> Total number of <u>times</u> the client had unprotected anal/vaginal sex with a serodiscordant or HIV status unknown partners (all genders).		<input type="checkbox"/>	<input type="checkbox"/>
<b>I10.</b> Total number of <u>times</u> the client had unprotected anal/vaginal sex with a serodiscordant or HIV status unknown <b>male</b> partners.		<input type="checkbox"/>	<input type="checkbox"/>
<b>I11.</b> Total number of <u>times</u> the client had unprotected anal/vaginal sex with a serodiscordant or HIV status unknown <b>female</b> partners.		<input type="checkbox"/>	<input type="checkbox"/>
<b>I12.</b> Total number of <u>times</u> the client had unprotected anal/vaginal sex with a serodiscordant or HIV status unknown <b>transgender</b> partners.		<input type="checkbox"/>	<input type="checkbox"/>
<b>I13.</b> Total number of <u>times</u> the client had unprotected anal/vaginal sex with injection drug user.		<input type="checkbox"/>	<input type="checkbox"/>
<b>I14.</b> Total number of <u>times</u> the client had unprotected anal/vaginal with partner who exchanged sex for drugs or money.		<input type="checkbox"/>	<input type="checkbox"/>
<b>I15.</b> Total number of <u>times</u> the client had unprotected anal/vaginal while intoxicated and/or high on non-injection drugs.		<input type="checkbox"/>	<input type="checkbox"/>

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**I16.** Indicate what drugs were used but not injected by the client before or during unprotected anal or vaginal intercourse. (Please check all that apply)

- ☐ Amphetamine, meth, speed, crystal, crank, etc.
- ☐ Crack
- ☐ Cocaine (smoked, snorted)
- ☐ Downers (Valium, Ativan, Xanax)
- ☐ Pain killers (Oxycontin, Percocet)
- ☐ Hallucinogens such as LSD
- ☐ Ecstasy
- ☐ Club drugs such as GHB, ketamine
- ☐ Heroin (smoked, snorted)
- ☐ Marijuana
- ☐ Poppers (amyl nitrite)
- ☐ Alcohol
- ☐ Refused to answer
- ☐ Other (specify \_\_\_\_\_)
- ☐ Don't know

**I17.** Number of times client shared needles/syringes? \_\_\_\_\_ times or ☐ Refused to answer  
☐ Don't know

**I18.** Number of times client shared needles/syringes with a serodiscordant partner or partner whose HIV status was unknown? \_\_\_\_\_ times or ☐ Refused to answer  
☐ Don't know